

**Application Data Sheet**

**Application Information**

Application number::

Filing Date:: 12/30/04

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title:: Viral Inhibitors

Attorney Docket Number:: 50304/054001

Request of Early Publication?: No

Request of Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Belgium

Status:: Full Capacity

Given Name:: Johan

Middle Name::

Family Name:: Neyts

Name Suffix::

City of Residence:: Kessel-Lo

State or Province of Residence::

Country of Residence:: Belgium

Street of mailing address:: Heidebergstraat 278

City of mailing address:: Kessel-Lo

State or Province of mailing address::

Country of mailing address:: Belgium

Postal or Zip Code of mailing address:: B-3010

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Austria

Status:: Full Capacity

Given Name:: Gerhard

Middle Name::

Family Name:: Pürstinger  
Name Suffix::  
City of Residence:: Innsbruck  
State or Province of Residence::  
Country of Residence:: Austria  
Street of mailing address:: Roseggerstrasse 12  
City of mailing address:: Innsbruck  
State or Province of mailing address::  
Country of mailing address:: Austria  
Postal or Zip Code of mailing address:: A-6020

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Belgium  
Status:: Full Capacity  
Given Name:: Erik  
Middle Name::  
Family Name:: De Clercq  
Name Suffix::  
City of Residence:: Lovenjoel  
State or Province of Residence::  
Country of Residence:: Belgium  
Street of mailing address:: Parklaan 9  
City of mailing address:: Lovenjoel  
State or Province of mailing address::  
Country of mailing address:: Belgium

Postal or Zip Code of mailing address:: B-3010

### **Correspondence Information**

Correspondence Customer Number:: 21559

### **Representative Information**

Representative Customer Number:: 21559

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/BE2003/000117	07/03/03

### **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
GB	0313251.1	06/10/03	Yes
GB	0215293.2	07/03/02	Yes

### **Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State of Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::